

**Before the
New Hampshire Board of Medicine
Concord, New Hampshire 03301**

In the Matter of:
David M. Kessner, M.D.

VOLUNTARY SURRENDER OF LICENSE

Recognizing that allegations of professional misconduct have been submitted to the New Hampshire Board of Medicine ("Board") concerning failure to maintain an appropriate physician/patient relationship, I, David M. Kessner, M.D. hereby voluntarily surrender my New Hampshire license (#8375) effective on the date that the Board accepts this offer of voluntary surrender.

By agreeing to voluntarily surrender my license, I represent that:

1. I have been a licensed physician since 1958 and specialized in psychiatry for 20 years. I have been treated with medication and psychotherapy for Bipolar Affective Disorder, Type II since 1979. In 2003 for the first time, there was evidence of mood instability and a new medication program was started. Because of persistent symptoms, I underwent voluntary psychological and psychiatric assessment that led me to retire from the practice of medicine. At the time of my retirement I did not renew my medical license in New Hampshire or any other state. I hold no current license to practice medicine in New Hampshire or any other state.

2. I acknowledge that this voluntary surrender of my license is entered into to in order to resolve the pending misconduct allegations and to avoid litigation.
3. I understand that the misconduct allegations allege a violation of the physician/patient relationship as established by American Medical Association Code of Medical Ethics, Principles I, II and IV.
4. I admit to no violation of RSA 329:17, VI and neither admit nor deny the pending misconduct allegations.
5. I have retired from the practice of medicine, and I shall not again seek licensure in the State of New Hampshire. I understand that in accepting this Voluntary Surrender the Board is relying upon this representation.
6. I recognize that this document and the fact of my voluntary surrender will be distributed by the Board as a disciplinary action. I further understand that this document shall become a permanent part of my file and will be maintained by the Board as a public document.
7. I voluntarily submit this surrender of license to the Board and state that no promises or representations have been made to me other than those terms and conditions stated herein.
8. Nothing herein shall prevent my participation in or speaking to any support group for impaired physicians or any support group for patients or families dealing with Bipolar Disorder. Such participation shall not be deemed the practice of medicine.

IN WITNESS WHEREOF, I hereby affix my signature on the 22nd day of
JUNE, 2006.

David M Kessner
David M. Kessner, M.D.

ACCEPTED BY THE BOARD OF MEDICINE on this the 10th day of
September, 2006.

Dated: 9/12/06

Penny Taylor
Signature
Penny Taylor
(Print or type name)
Authorized Representative of the
New Hampshire Board of Medicine